

STEP BY STEP USER GUIDE FOR PHYSICIANS TO RENEW ONLINE

Go to www.breeze.ca.gov and click on the **Click Here to Access BreEZe Online Services** link.

CA.GOV Department of Consumer Affairs BREZE

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DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify the professional license and file a consumer complaint (with or without registering). Licensees and applicants can submit license applications, renew a license and change their address among other services.

- If you were registered with the DCA Online Professional Licensing services before you will need to re-register with BreEZe.
- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.
- If you would like to learn more about BreEZe please visit the following links on this website:

[About BreEZe](#)
[Frequently Asked Questions \(FAQ's\)](#)
[Online Help Tutorials](#)

[Click Here to Access BreEZe Online Services](#)

Remember you do not have to register to File a Complaint or Verify a License.

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If you have not ever registered in the new BreEZe system, click on **New Customers BreEZe Registration** link on the right column under Log On button. (If you have already registered on the BreEZe system, enter your User ID and Password and skip to page 7.)

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DCA BreEZe Online Services

Welcome to BreEZe - DCA's online portal for consumers, applicants and licensees. Select a link below or login to get started. **Please note: you do not have to create a BreEZe Registration to access all services. You can verify a professional's license or file a complaint without registering.**

While DCA Boards, Bureaus and Committees will review anonymous complaints, the complaint may be impossible to investigate unless it includes documented evidence. If you do not wish to file your complaint electronically, a mail-in form can be accessed via any DCA Board, Bureau or Committee's web site.

[List of DCA Board/Bureau/Committee Websites](#)

Consumers	Licensee/Applicant Sign In
Verify a License File a Complaint	<p>* User ID: <input type="text"/></p> <p>* Password: <input type="password"/></p> <p>Log On</p> <p>Sign-In Help</p> <p>Forgot your password? Click here.</p> <p>Forgot User ID? Click here.</p> <p>New customers BreEZe Registration</p>

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Complete the required fields (marked with *) and enter the security letters, and click **Next** button.

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User Registration

Please complete the information required below to become a registered BreEZe User. You will receive a confirmation email as part of the registration process.

Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

Account Owner Contact Information

* First Name:
Middle Name:
* Last Name:

Account Login

* Email: (e.g. name@domain.com)
* Confirm Email:
Note: Please enter a valid email address; this email address will not be sold to solicitors.
* User ID:

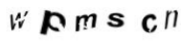
Password Recovery (in case you forget your password, you will be required to answer this question to obtain a new temporary password.)

* Secret Question:
* Secret Answer:

Communication


Email Communication: ☒ Yes ☐ No

Security Measures (this helps to prevent automated registrations.)

* Type the characters from the picture below (without spaces):
 [Refresh](#)

[Next](#) [Cancel](#)

Click **Save** on the Preview Registration screen.

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Preview Registration

Press "Save" to save the registration.
Press "Edit" to modify your registration details.
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	Donald
Second Name:	
Last Name:	Duck
Email:	donald.duck@gmail.com
Userid:	donaldduck
Secret Question:	What is your mother's maiden name?
Secret Answer:	Daisy Duck
Email Communication:	Yes

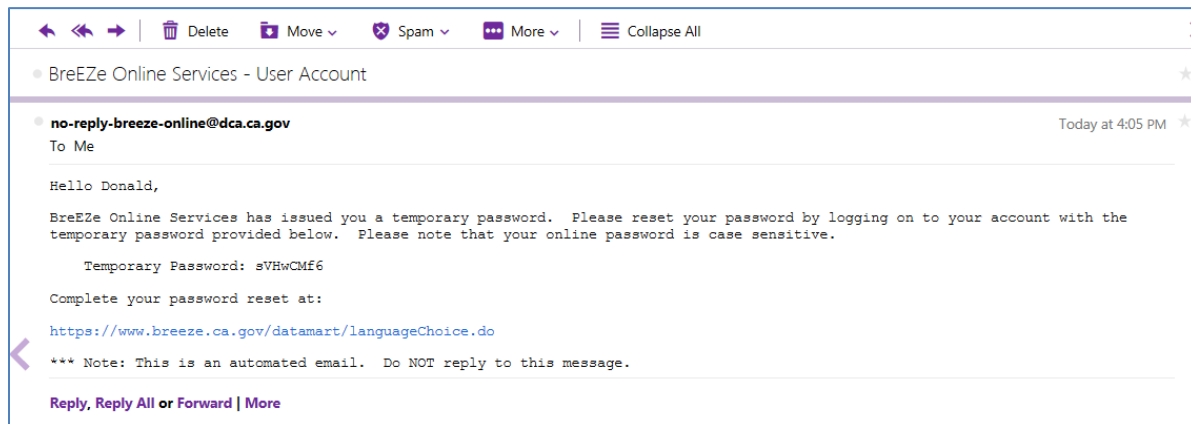
[Save](#) [Edit](#) [Cancel](#)

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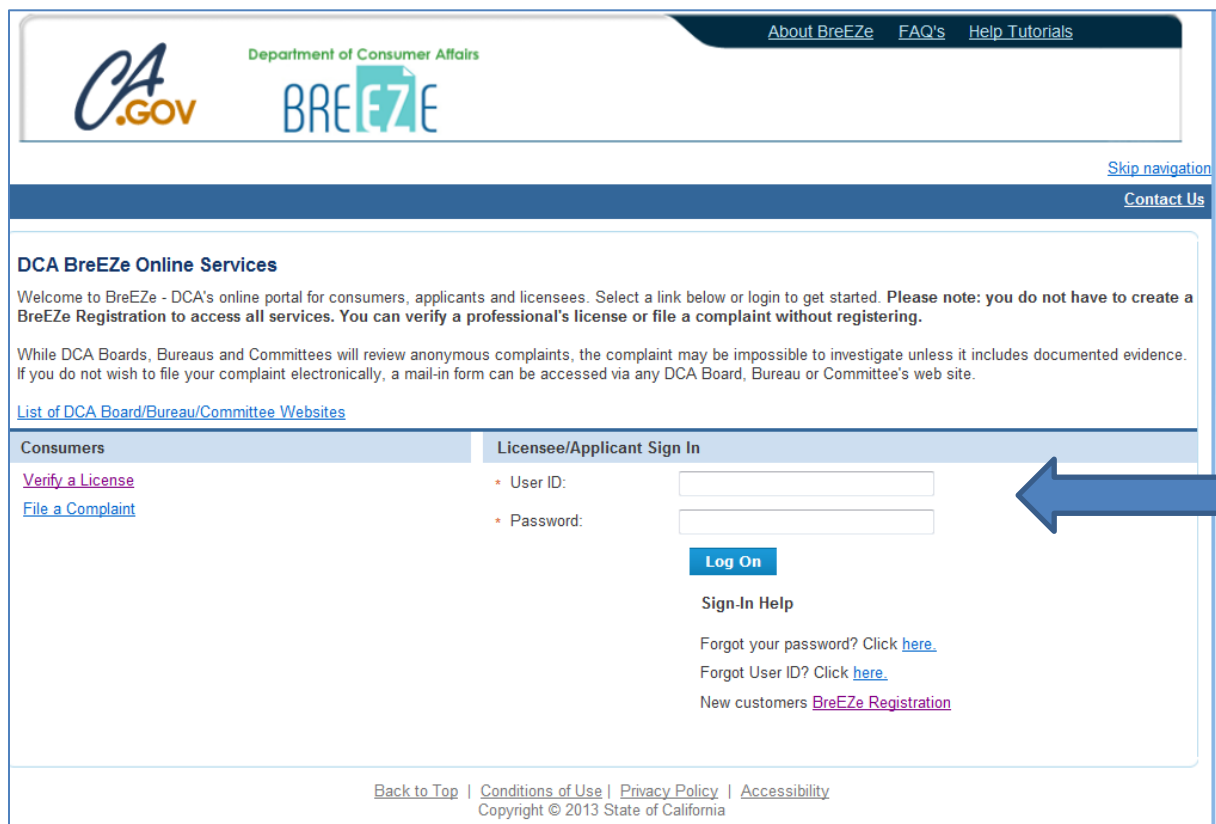
After saving your user account, **check your email account** that you entered in your registration for the temporary password (**please also check spam or junk mail folders**) for an email message from no-reply-breeze-online@dca.ca.gov

☐ [no-reply-breeze-online@dca.ca.gov](#) BreEZe Online Services - User Account Hello Donald, BreEZe Online Services has issued you a temporary password. Please reset you

Once email is received open it. Write down or print temporary password.



Then click on the <https://www.breeze.ca.gov/datamart/languagechoice.do> link within the email and enter the User ID you created and then enter the temporary password.



Enter **Temporary Password** again and then click on **New Password** and Enter a new password. Click on **Confirm Password** and reenter the **New Password** (minimum 4 characters-1 uppercase, 1 lowercase, 1 special character (*, #, etc.) and one numeric) and click the **Save** button.

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Update Default Registration Information

Enter your new password and press "Save".

Your new password must contain the following:

- a minimum of (4) characters
- must not be the same as your user id
- must not be a variation of your user id
- must contain at least (1) uppercase alphabetic character
- must contain at least (1) lowercase alphabetic character
- must contain at least (1) numeric character
- must contain at least (1) special character

* Temporary Password:

* New Password:

* Confirm Password:

Save

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At the Add License to Registration Yes or No question, click on **Yes** button and then click on the **Next** button.

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Step1: Ever held a license before with DCA?

Step2: Provide Identifying Information

Step3: Confirm Information

Add Licenses To Registration

Welcome to DCA OnlineQuickStart

By answering a few, simple questions, we will help you to get started.

Are you, or have you ever been, professionally licensed or registered with the Department of Consumer Affairs?

☒ Yes [View All Licenses?](#)

☐ No

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1. At the DCA Board/Bureau/Committee field, click on the **drop down arrow** and select “**Medical Board of California**”
2. At the License/Registration Type field, click on the **drop down arrow** and select “**Physician’s and Surgeon’s**”
3. Click the **Next** button.

The screenshot shows the Breeze online registration system interface. The user is logged in as 'Duck, Donald'. The current step is 'Add Licenses To Registration - Select License Type'. The interface includes a sidebar with steps: Step1: Ever held a license before with DCA?, Step2: Provide Identifying Information, and Step3: Confirm Information. The main content area shows the 'DCA Board/Bureau/Committee' dropdown set to 'Medical Board of California' and the 'License/Registration Type' dropdown set to 'Physicians and Surgeons'. A 'Next' button is at the bottom right of the form.

Enter the personal info requested, the security characters and click the **Next** button.

Note: If you have trouble reading the security characters, click **Refresh** until you can read them, and then click the **Next** button.

The screenshot shows the Breeze online registration system interface at the 'Add Licenses To Registration - Validation' step. The user is prompted to enter their 'Last Name', 'SSN', and 'Date Of Birth'. A 'Security Measures' section displays a CAPTCHA with the characters 's m n y c'. A large blue arrow points to the 'Next' button at the bottom right of the form.

At the Preview screen, click on **I Confirm this is my license** option and then click on the **Next** button.

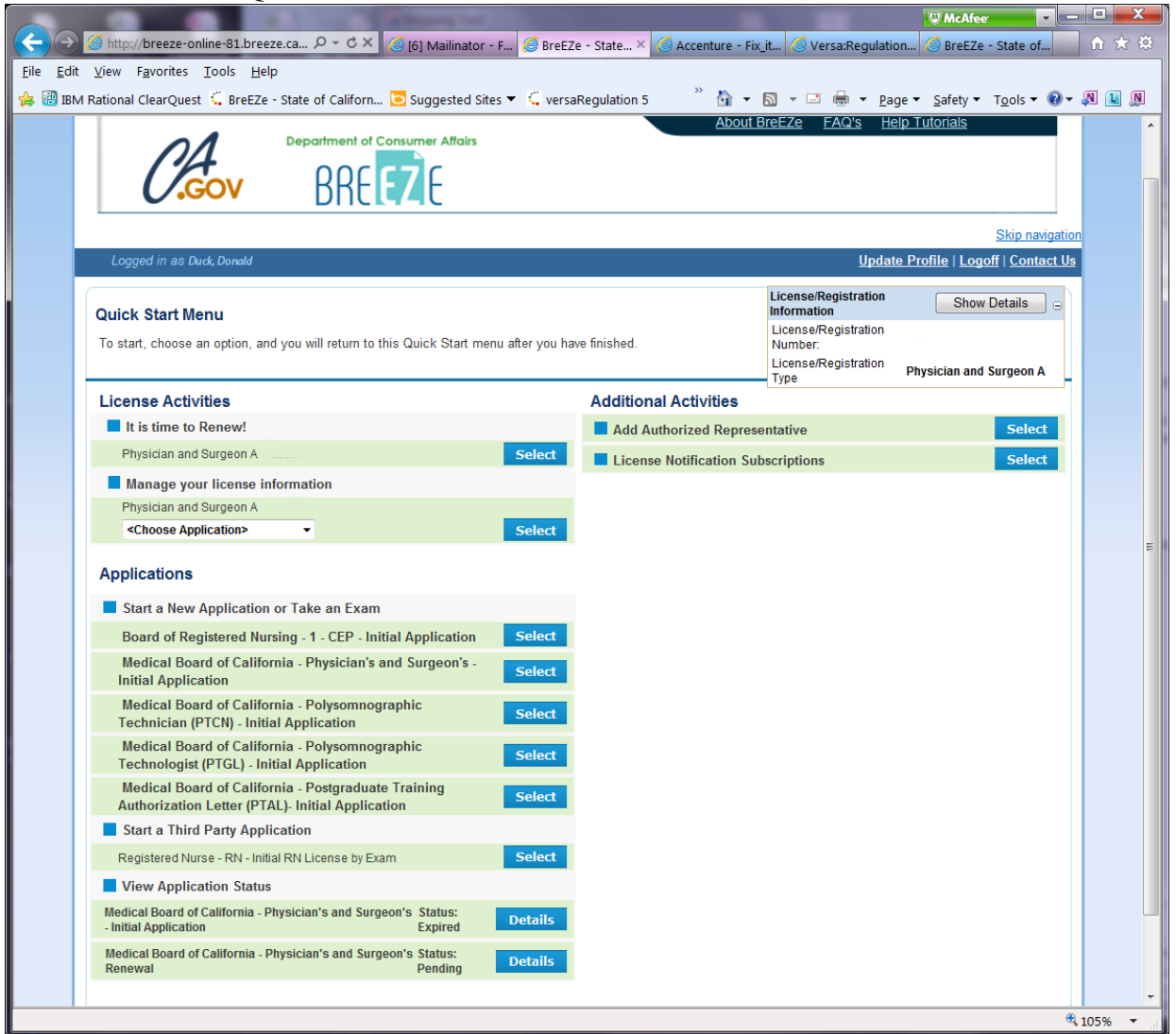
The screenshot shows the 'Add Licenses To Registration - Preview' screen on the Breeze website. The page has a header with the CA.GOV logo and 'BREEZE' branding. A sidebar on the left lists steps: Step1: Ever held a license before with DCA?, Step2: Provide Identifying Information, and Step3: Confirm Information. The main content area displays 'Good News! We have located your information' and asks the user to confirm their license/registration/certificate credentials. It shows a table with columns for 'Indiv / Org Number', 'Name', 'License/Registration Type', and 'License/Registration Number'. The 'License/Registration Type' is 'Physician and Surgeon A'. Below the table, there are two radio buttons: 'I confirm this is my license/registration information (read)' (which is selected) and 'No this is not my license/registration information'. A link to 'www.dca.ca.gov/webapps/breeze/dec_descipt.php' is provided. At the bottom right, there are 'Next' and 'Cancel' buttons. The footer includes links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', and a copyright notice for 2013 State of California.

After successfully linking your online registration to a license, and you receive the following message, **Click the No button.**

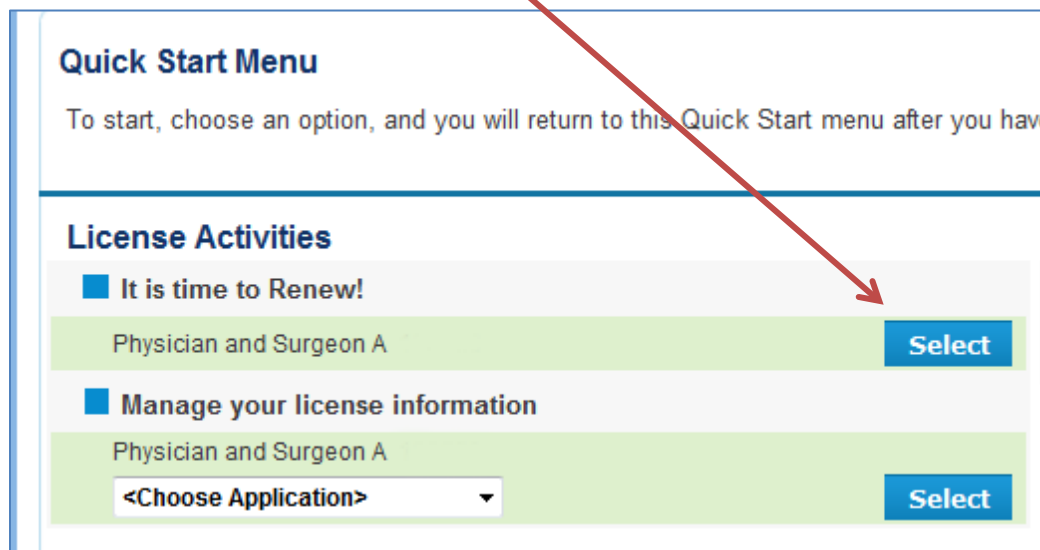
The screenshot shows the Breeze website after a successful license link. A modal dialog box in the center reads: 'You have successfully linked your online registration to a license (s). Would you like to link your online registration to more license (s)?' with 'Yes' and 'No' buttons. A large blue arrow points to the 'No' button. The background shows the 'Quick Start Menu' with sections for 'License Activities' (including 'It is time to Renew!', 'Manage your license information', and 'Choose Applications') and 'Applications' (listing various medical board applications like 'Board of Registered Nursing', 'Medical Board of California - Physician's and Surgeon's', etc.). The 'License Registration Information' sidebar on the right shows the user's details.

Note: If you cannot link your license to your Breeze USER ID, call the Medical Board's Help Desk @916-263-2205 M-F 7:00 – 5:00 PST.

You should see the Quick Start menu screen.



Under the License Activities
You should see **It is time to Renew!** Click on the blue **Select** box.



At the P & S Renewal Introduction, please read this information and then Click on the **Next** button.

Logged in as Dick, Donald

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Introduction

Physician's and Surgeon's Renewal - Introduction

Review the detailed instructions and information regarding this renewal before proceeding at http://www.mbc.ca.gov/publications/renew_license.html

If you are changing your license status to Disabled, Inactive, Military, Retired or Voluntary Service, please apply for the status change at least 4 weeks prior to your license expiration date and renewing your license.

You may not engage in the practice of medicine in the State of California without a current valid license from the Medical Board of California.

New from the Medical Board of California:

- Regulation updates can be viewed at <http://www.mbc.ca.gov>

Physician Survey:
California B&P Code sections 2425.1 and 2425.3 require the Medical Board to collect and publish certain information on training and practice characteristics for each physician licensed in California. To comply with this law, the Board has developed a physician survey that must be completed by each physician when renewing their license.

Taxpayer Information:
Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

Contact Us:

- Online Renewal Problems:**
If you need technical assistance with the BreEze System, contact the Department of Consumer Affairs at (916) 574-8020. Assistance is available Monday - Friday, 8:00 a.m. - 4:30 p.m. PST (except holidays).
- Licensing Questions:**
For licensing and renewal information, contact the Medical Board of California at:
CA Toll-Free: 1 (800) 633-2322
Phone: (916) 263-2302
Fax: (916) 263-2944
Assistance is available Monday - Friday, 8:00 a.m. - 5:00 p.m. PST (except holidays).

Press "Next" to continue.
To exit this application, click on the "Cancel" button.

If you need to change your current address please go back to the quick start menu by pressing "Cancel" and select the "Address Change" application.

Next **Cancel**

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Please read the information and then click on the **Agree** button to proceed.

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Department of Consumer Affairs

BREEZE

Logged in as Dick, Donald

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Physician's and Surgeon's Renewal - Information Privacy Act

NOTICE: All items in this application are mandatory; none are voluntary unless specified otherwise.

Failure to provide any of the requested information may result in a delay in processing, or the application may be rejected as incomplete. The information provided will be used to verify and identify the applicant per Section 119 and 2001 of the Business & Professions Code.

Applicants have the right to review their application, subject to the provisions of the Information Practices Act. The Chief of the Licensing Program, is the Custodian of Records. Disclosure of your Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is MANDATORY. Section 30 of the Business & Professions Code and Public Law 94-445 (42 USC 405(c)(7)(C)) authorizes the collection of your SSN.

Your SSN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. This application and the information contained therein may be disclosed pursuant to California Public Records Act Request.

Press "Agree" to continue.

To exit this application, click on the "Cancel" button.

Agree **Cancel**

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Answer the Transaction Suitability Questions and click **NEXT** to proceed.

If you need to do an address change, STOP!

Please go to <http://www.mbc.ca.gov/Forms/Licensees/07a-08.pdf>. Please complete the address change form, sign it, and fax it to the number listed on the form. Please wait until the address change is completed to proceed with the online renewal. Once your address change is completed, please start back at page 1 and skip to page 7 and continue.

The screenshot shows the 'Physician's and Surgeon's Renewal - Function Suitability' section of the Breeze online renewal form. The user is logged in as 'Duck, Donald'. The form includes a sidebar with navigation links: Introduction, Information Privacy Act, Transaction Suitability Questions (selected), Name and Personal Organization Details, Contact Details, Physician Survey, Financial Interest Disclosure Summary, Questions, Family Physician Training Program Voluntary Fee, File Attachments, and Application Summary. The main content area contains instructions and a question: 'Has your address of record (public mailing address) changed?'. The user has selected 'No'. Below the question, there is a review statement: 'Review your profile on the Medical Board's Web site at http://www.mbc.ca.gov/licensee/index.html. Do you acknowledge the information contained therein is correct and accurate, or have you notified the Board of any incorrect information, or will be notifying the Board with information contained in this renewal application?'. The user has selected 'Yes'. At the bottom, there are 'Previous', 'Next', and 'Cancel' buttons. The footer includes links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', and a copyright notice for 2013 State of California.

Verify information on screen is correct – Click **Next** button.

The screenshot shows the 'Physician's and Surgeon's Renewal - Name and Personal Details' section of the Breeze online renewal form. The user is logged in as 'Duck, Donald'. The form includes a sidebar with navigation links: Introduction, Information Privacy Act, Transaction Suitability Questions, Name and Personal Organization Details (selected), Contact Details, Physician Survey, Financial Interest Disclosure Summary, Questions, Family Physician Training Program Voluntary Fee, File Attachments, and Application Summary. The main content area contains instructions: 'Press "Previous" to return to the previous screen. Verify your personal details and press "Next" to continue. To exit this application, click on the "Cancel" button.' Below the instructions, there is a form for personal details: Title, First Name (DONALD), Middle Name, Last Name (DUCK), Birthdate (01/01/2001), and Gender (M). At the bottom, there are 'Previous', 'Next', and 'Cancel' buttons. The footer includes links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', and a copyright notice for 2013 State of California.

ADDRESS DETAIL SUMMARY SCREEN

Note: Licensees cannot update this information.

If you cannot proceed to the next screen call the Help Desk @916-263-2205 M-F 7:00 – 5:00 PST)

If the Next button is available click the **NEXT** button.

Logged in as Duck, Donald

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Physician's and Surgeon's Renewal - Address Detail Summary

An Address of Record (public mailing address) is public information and is included in your online profile. If you need to change your current address please go back to the quick start menu by pressing "Cancel" and select the "Address Change" application.

Press "Previous" to return to the previous section.

Press "Next" when finished adding/changing addresses.

To exit this application, click on the "Cancel" button.

License Specific Addresses

Confidential Address (Optional)	Name:	DUCK, DONALD
	Address:	
License Specific Public Mailing Address (Required)	Name:	DUCK, DONALD
	Address:	1234 MY ADDRESS LOS ANGELES, CA 90001
	Phone Number:	2132541234
	E-mail:	DONALD.DUCK@GMAIL.COM

Please note, the 'Address of Record' will be disclosed to the public.

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Complete Activities in Medicine questions and click the **Next** button.

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Physician's and Surgeon's Renewal - Activities in Medicine

Enter the data and press "Next" to continue.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

Are you retired? ☐ Yes ☒ No

Current Training Status ☐ Residency ☐ Fellow ☒ Not in Training

Patient Care Hours ☐ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☒ 30-39 ☐ 40+

Telemedicine Hours ☐ None ☒ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+

Administration Hours ☐ None ☐ 1-9 ☒ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+

Research Hours ☒ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+

Teaching Hours ☐ None ☒ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+

Other Hours ☒ None ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40+

Primary Practice Location (U.S. Only)

Patient Care	Zip		County	SACRAMENTO
Telemedicine	Zip		County	ALPINE

Secondary Practice Location (CA Only)

Patient Care	Zip		County	SACRAMENTO
Telemedicine	Zip		County	ALPINE

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On the Primary Area of Practice click **dropdown box** to select primary area of practice. Click on any secondary areas of practice and then click the **Next** button.

Physician's and Surgeon's Renewal - Areas of Practice

Select one Primary Area of Practice and any Secondary Area(s) of Practice applicable and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Primary Area of Practice Internal Medicine

Secondary Area(s) of Practice

<input type="checkbox"/> Aerospace Medicine	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Public Health and General Preventive Medicine
<input type="checkbox"/> Allergy and Immunology	<input type="checkbox"/> General Practice	<input type="checkbox"/> Obstetrics and Gynecology	<input type="checkbox"/> Pulmonary
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Geriatric Medicine	<input type="checkbox"/> Oncology	<input type="checkbox"/> Radiologic Physics
<input type="checkbox"/> Colon and Rectal Surgery	<input type="checkbox"/> Hematology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Complementary and Alternative Medicine	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Cosmetic Surgery	<input checked="" type="checkbox"/> Internal Medicine	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Sleep Medicine
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Medical Genetics	<input type="checkbox"/> Pain Medicine	<input type="checkbox"/> Spine Surgery
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Neonatal-Perinatal Medicine	<input type="checkbox"/> Pathology	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Surgical Oncology
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Neurodevelopmental Disabilities	<input type="checkbox"/> Physical Medicine and Rehabilitation	<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Neurological Surgery	<input type="checkbox"/> Plastic Surgery	<input type="checkbox"/> Urology
<input type="checkbox"/> Facial, Plastic and Reconstructive Surgery	<input type="checkbox"/> Neurology	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Vascular Surgery
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Neurology with Special Qualification in Child Neurology	<input type="checkbox"/> Psychosomatic Medicine	<input type="checkbox"/> Other <input type="checkbox"/> Not Listed

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Select any Board Certifications (listed by the board) by clicking on the box and then scroll down to click the **Next** button.

Physician's and Surgeon's Renewal - Board Certifications

Select any board certifications you may have and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

☐ None

American Board of Allergy and Immunology	American Board of Medical Genetics	American Board of Pediatrics	American Board of Psychiatry and Neurology
<input type="checkbox"/> Allergy and Immunology	<input type="checkbox"/> Clinical Biochemical Genetics	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatry
American Board of Anesthesiology	<input type="checkbox"/> Clinical Cytogenetics	<input type="checkbox"/> Adolescent Medicine	<input type="checkbox"/> Neurology
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Clinical Genetics (MD)	<input type="checkbox"/> Child Abuse Pediatrics	<input type="checkbox"/> Neurology with Special Qualification in Child Neurology
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Clinical Molecular Genetics	<input type="checkbox"/> Developmental-Behavioral Pediatrics	<input type="checkbox"/> Addiction Psychiatry
<input type="checkbox"/> Hospice and Palliative Medicine	<input type="checkbox"/> Medical Biochemical Genetics	<input type="checkbox"/> Hospice and Palliative Medicine	<input type="checkbox"/> Brain Injury Medicine
<input type="checkbox"/> Pain Medicine	<input type="checkbox"/> Molecular Genetic Pathology	<input type="checkbox"/> Medical Toxicology	<input type="checkbox"/> Child and Adolescent Psychiatry
<input type="checkbox"/> Pediatric Anesthesiology	American Board of Neurological Surgery	<input type="checkbox"/> Neonatal-Perinatal Medicine	<input type="checkbox"/> Clinical Neurophysiology
<input type="checkbox"/> Sleep Medicine	<input type="checkbox"/> Neurological Surgery	<input type="checkbox"/> Neurodevelopmental Disabilities	<input type="checkbox"/> Epilepsy
American Board of Colon and Rectal Surgery	American Board of Nuclear Medicine	<input type="checkbox"/> Pediatric Cardiology	<input type="checkbox"/> Forensic Psychiatry
	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Pediatric Critical Care Medicine	<input type="checkbox"/> Geriatric Psychiatry
		<input type="checkbox"/> Pediatric Emergency	

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Select Post Graduate Training completed after medical school, and Cultural Background and click the **Next** button.

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Physician's and Surgeon's Renewal - Post Graduate Training and Cultural Background

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

Postgraduate Training (Years Completed) 1 2 3 4 5 6 7 8 9+

Cultural Background

<input type="radio"/> African	<input type="radio"/> Fijian	<input type="radio"/> Mexican	<input type="radio"/> South American
<input type="radio"/> African American	<input type="radio"/> Filipino	<input type="radio"/> Middle Eastern	<input type="radio"/> Taiwanese
<input type="radio"/> Alaskan Native	<input type="radio"/> Guamanian	<input type="radio"/> Native American	<input type="radio"/> Thai
<input type="radio"/> American Indian	<input type="radio"/> Hawaiian	<input type="radio"/> Other Asian	<input type="radio"/> Tongan
<input type="radio"/> Black	<input type="radio"/> Indian	<input type="radio"/> Other Hispanic	<input type="radio"/> Vietnamese
<input type="radio"/> Cambodian	<input type="radio"/> Indonesian	<input type="radio"/> Other Pacific Islander	<input type="radio"/> White
<input type="radio"/> Central American	<input type="radio"/> Japanese	<input type="radio"/> Pakistani	<input type="radio"/> Other (not listed)
<input type="radio"/> Chinese	<input type="radio"/> Korean	<input type="radio"/> Puerto Rican	<input type="radio"/> Decline to State
<input type="radio"/> Cuban	<input type="radio"/> Laotian/Hmong	<input type="radio"/> Samoan	
<input type="radio"/> European	<input type="radio"/> Malaysian	<input checked="" type="radio"/> Singaporean	

Previous Next Cancel

Select Foreign Language Proficiency and answer the questions related to your Website Profile. Include your email and click the **Next** button.

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Physician's and Surgeon's Renewal - Foreign Language Proficiency and Web Site Profile

Enter the data and press "Next" to continue.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

FOREIGN LANGUAGE PROFICIENCY

In addition to English, indicate additional languages in which you are proficient.

<input type="checkbox"/> African Languages	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Panjabi (Punjabi)	<input type="checkbox"/> Turkish
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Hindi	<input type="checkbox"/> Persian (Farsi)	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Amharic	<input type="checkbox"/> Hmong	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Armenian	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Russian	<input type="checkbox"/> Xiang Chinese
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Yiddish
<input type="checkbox"/> Croatian	<input type="checkbox"/> Italian	<input type="checkbox"/> Scandinavian Languages	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Fijian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Serbian	<input type="checkbox"/> Other Chinese
<input type="checkbox"/> Formosan (Amis)	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other Non-English
<input type="checkbox"/> French	<input type="checkbox"/> Lao	<input type="checkbox"/> Swahili	<input type="checkbox"/> Other Sign Language
<input type="checkbox"/> French Creole	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other (not listed)
<input type="checkbox"/> German	<input type="checkbox"/> Mien	<input type="checkbox"/> Telugu	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Greek	<input type="checkbox"/> Mon-Khmer (Cambodian)	<input type="checkbox"/> Thai	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Navajo	<input type="checkbox"/> Tonga	

WEB SITE PROFILE

Do you want the following information included in your physician profile on the Medical Boards's Web site?

Cultural Background ☒ Yes ☐ No Foreign Language Proficiency ☐ Yes ☐ No Gender ☒ Yes ☐ No

Email Address: DONALD.DUCK@GMAIL.COM WILL NOT BE RELEASED TO THE PUBLIC

Previous Next Cancel

Read the information regarding the Financial Interest Disclosure Summary. If you have to add information, select **Add** and enter the information. If **you have no financial interest to declare**, click the **Next** button.

The screenshot shows the Breeze online portal interface. The left sidebar contains a navigation menu with the following items: Introduction, Information Privacy Act, Transaction Suitability Questions, Name and Personal/Organization Details, Contact Details, Physician Survey, Financial Interest Disclosure Summary (highlighted), Questions, Family Physician Training Program Voluntary Fee, File Attachments, and Application Summary. The main content area is titled "Physician's and Surgeon's Renewal - Financial Interest Disclosure Summary - Information". It contains detailed instructions about California's Financial Interest Disclosure Law (B&P Code section 2426), definitions of financial interest and health-related facility, and a list of instructions for using the application (e.g., "Press the 'Add' link to add a new record"). At the bottom, there is a form with two input fields: "Health-Related Facility Name" and "Address". Below these fields are four buttons: "Add", "Previous", "Next", and "Cancel". The footer includes links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with the copyright notice "Copyright © 2013 State of California".

Read and answer the renewal questions carefully and click the **Next** button.

The screenshot shows the Breeze online portal interface for the "Physician's and Surgeon's Renewal - Questions - Information" page. The left sidebar is identical to the previous screenshot, with "Financial Interest Disclosure Summary" highlighted. The main content area contains information about "Continuing Medical Education (CME)" and "Conviction Disclosure". It includes instructions for CME requirements and a list of questions with radio button options for "Yes" and "No". The questions are:

- Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?
- Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver?
- I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.

 At the bottom of the form are three buttons: "Previous", "Next", and "Cancel". The footer is the same as the previous screenshot.

Family Physician Training Program Voluntary Fee – Information

Please read the information and click Yes or No. If Yes, enter the amount to donate and click the **Next** button.

The screenshot shows a web browser window with the URL <http://breeze-online-81.bre...>. The page is titled "Physician's and Surgeon's Renewal - Family Physician Training Program Voluntary Fee - Information". It includes a sidebar with navigation links: Introduction, Information Privacy Act, Transaction Suitability Questions, Name and Personal Organization Details, Contact Details, Physician Survey, Financial Interest Disclosure Summary, Questions, Family Physician Training Program Voluntary Fee (selected), File Attachments, and Application Summary. The main content area explains the program's purpose and provides instructions for submitting a voluntary fee. It includes a form with a "Voluntary Fee" label, a "Yes" radio button, a "No" radio button, and a text input field for the amount. Below the input field are "Previous", "Next", and "Cancel" buttons. The footer contains links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with the copyright notice "Copyright © 2013 State of California".

At the Attachments screen, **if you have any Conviction documentation or other information** to upload, click on the **Attach** button to add the documents.

If you have no attachments, click the **Next** button.

The screenshot shows the "Physician's and Surgeon's Renewal - Attachments" screen. The sidebar is identical to the previous screen, with "File Attachments" selected. The main content area provides instructions for uploading files. It includes a "File Name:" label, a text input field, and a "Browse..." button. Below this is a "Notes:" label, a text input field, and a note stating "Note: The character limit for the notes field is 200 characters". At the bottom of the main content area are "Attach", "Previous", "Next", and "Cancel" buttons. The footer is the same as the previous screen.

At the Application Summary – Please review the information and if it is correct, scroll down and click **Proceed to Payment**. If information needs changed, click the **Previous** button to back up and make corrections.

The screenshot shows the 'Physician's and Surgeon's Renewal - Application Summary' page. The left sidebar contains a navigation menu with options: Introduction, Information Privacy Act, Transaction Suitability Questions, Name and Personal/Organization Details, Contact Details, Physician Survey, Financial Interest Disclosure Summary, Questions, Family Physician Training Program Voluntary Fee, File Attachments, and Application Summary (selected). The main content area is divided into sections: 'Physician's and Surgeon's Renewal Summary' (License Type: Physician and Surgeon A, File Number: 00000, License Number: 232323, Application Number: 12345678, Application Date: 11/01/2013), 'Personal Details' (Title, First Name: DONALD, Middle Name, Last Name: DUCK, Birthdate: 01/01/2001, Gender: Male), 'Addresses' (Confidential Address (Optional) and License Specific Public/Mailing Address (Required) both for DONALD DUCK at 1234 MY ADDRESS, LOS ANGELES, CA 90001, with Phone Number 2132541234 and E-mail DONALD.DUCK@GMAIL.COM), and 'Physician Survey' (Are you retired? No, Administration - 10-19 Hours, Other - None).

Attestation - Read and click **YES** and click **Proceed to Payment**.
(Note: If you click NO you will not be able to proceed to payment.)

The screenshot shows the 'Physician's and Surgeon's Renewal - Attestation' page. The left sidebar is identical to the previous page. The main content area includes the CA.GOV and BREEZE logos, a 'Skip navigation' link, and a 'Physician's and Surgeon's Renewal - Attestation' section. This section contains instructions to answer 'Yes' or 'No' to the attestation and press 'Proceed to Payment' to continue. A declaration statement follows: 'I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.' Below this is a radio button selection for 'Yes' (selected) or 'No'. At the bottom of the main content area are three buttons: 'Previous', 'Proceed to Payment', and 'Cancel'. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

Fee and Summary Report

Click **Pay Now** to complete renewal or Click **Add to Cart** to pay later.

The screenshot shows the BREeZE website interface. At the top, there's a navigation bar with the CA.GOV logo and BREeZE logo. Below the navigation bar, a message states: "Your application data has been submitted. Click on 'View PDF Summary Report' and print this report for your records. You are required to pay the amount below for your application to be processed. Press 'Pay Now' to proceed to the fee payment page. Press 'Add to Cart' to Add to Shopping Cart and return to the main menu." Below this message is a table showing the fees:

Fees	Amount
Biennial Renewal Fee:	\$783.00
Steven M. Thompson Physician Corps Loan Repayment Program:	\$25.00
Total Amount Due:	\$808.00

At the bottom of the table, there are three buttons: "Pay Now", "Add to Cart", and "View PDF Summary Report". Below the buttons, there are links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with the copyright notice "Copyright © 2013 State of California".

The next screen will ask which type of card you wish to use.

Select which card to use and click **Next**.

The screenshot shows the BREeZE website interface for the "Online Application Payment" screen. At the top, there's a navigation bar with the CA.GOV logo and BREeZE logo. Below the navigation bar, a message states: "Select the applications and/or miscellaneous charges you wish to pay for by checking the box at the far right of the screen and press 'Next' to continue. Press 'Show Fee Details' to show a breakdown of the fee amounts. Press 'Cancel' to cancel the payment." Below this message is a table showing the application details:

Application Number	Description	License Number	License Type	Applicant Name	Fee
12345678	Physician's and Surgeon's Renewal	232323	Physician's and Surgeon's	DUCK, DONALD	\$808.00 <input checked="" type="checkbox"/>

Below the table, there's a section for "Payment Method" with radio buttons for Visa, MasterCard, Discover, and American Express. At the bottom of the page, there are three buttons: "Next", "Show Fee Details", and "Cancel". Below the buttons, there are links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with the copyright notice "Copyright © 2013 State of California".

Confirm Payment Details Screen

Verify fees and card type, then Click **Next** to continue to payment screen.

The screenshot shows the 'Confirm Payment Details' screen. At the top, there's a header with the CA.GOV logo, 'Department of Consumer Affairs', and 'BREEZE'. Navigation links include 'About Breeze', 'FAQ's', and 'Help/Tutorials'. A user is logged in as 'Duck, Donald'. The main content area has a title 'Confirm Payment Details' and a note: 'PLEASE NOTE: When entering your credit card number on the following screen, please DO NOT include spaces, dashes, or hyphens. This action will cause an error, and you will then need to log back into the Online Application Payment portion of the application process. Please review the information below and make sure everything is correct. Then, press "Next" to pay for the selected application(s). Press "Cancel" if you do not wish to continue with the payment.'

Application Number	Description	Applicant Name	Fee
12345678	Physician's and Surgeon's Renewal	DUCK, DONALD	\$808.00
Total			\$808.00

Payment Method: Visa

Buttons: **Next** **Cancel**

Footer: [Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
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Enter your Credit Card details, and then click **Process**.

Note: Expiration date is entered as MMY (no slashes in between).

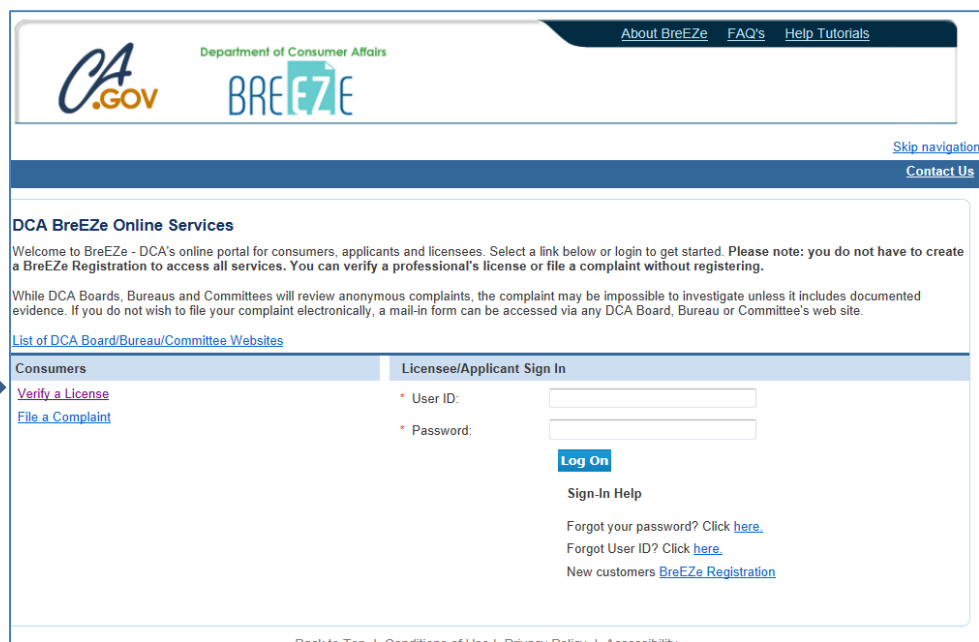
The screenshot shows the 'Payment' screen. At the top, there's a header with the CA.GOV logo, 'Department of Consumer Affairs', and 'BREEZE'. The main content area has a title 'The California Department of Consumer Affairs' and a 'SALE' section. The 'Order Section' contains fields for 'Credit Card Number', 'Expiration Date(MMY)', 'Amount' (808.00), 'CVV2', 'Description', and 'Invoice Number' (2552). The 'Billing Address' section contains fields for 'First Name', 'Last Name', 'Address1', 'Address2', 'City', 'State/Province', 'Postal Code', 'Phone', and 'Email Address'. A 'Process' button is at the bottom. A footer note says: 'If you need help regarding a payment, please contact your Board or Bureau by returning to the Quick Start Menu and clicking on the Contact Us link.'

After you click Process, you will receive a **Successful Payment** screen.

You will have the option to print a PDF receipt for your records.

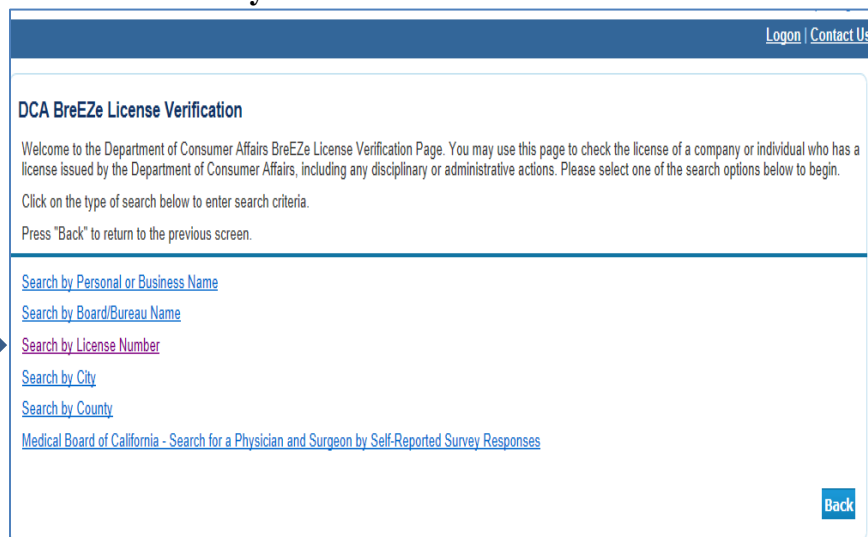
You can select Logoff at the Main Quick Start Menu, or close your browser window.

After **Successful Payment**, you should use the **Verify a License** option from www.breeze.ca.gov Web site **to view your new expiration date.**



The screenshot shows the DCA BreEZe Online Services page. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BreEZe logo. Navigation links include 'About BreEZe', 'FAQ's', 'Help/Tutorials', 'Skip navigation', and 'Contact Us'. The main content area is titled 'DCA BreEZe Online Services' and includes a welcome message and a list of services. A blue arrow points to the 'Verify a License' link under the 'Consumers' tab. The 'Licensee/Applicant Sign In' section contains fields for 'User ID' and 'Password', a 'Log On' button, and links for 'Sign-In Help', 'Forgot your password? Click here.', 'Forgot User ID? Click here.', and 'New customers BreEZe Registration'.

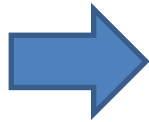
Click on Search by License Number



The screenshot shows the DCA BreEZe License Verification page. At the top, there is a header with 'Logon' and 'Contact Us' links. The main content area is titled 'DCA BreEZe License Verification' and includes a welcome message and instructions. A blue arrow points to the 'Search by License Number' link. Other search options include 'Search by Personal or Business Name', 'Search by Board/Bureau Name', 'Search by City', 'Search by County', and 'Medical Board of California - Search for a Physician and Surgeon by Self-Reported Survey Responses'. A 'Back' button is located at the bottom right.

Then use drop down boxes to select the Board option for **Medical Board of California** and License Type option for **Physician's and Surgeon's**.

Enter only the numeric portion of your license number and click **Search**.



Skip navigation
Logon | Contact Us

Search by License Number

Enter your search criteria and press "Search" to find a license.
Press "Clear" to clear the search criteria.
Press "Back" to return to the previous screen.

Board: **Medical Board of California**

License Type: **Physician's and Surgeon's**

* License Number:

Rows Per Page: **5**

Search Clear Back

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
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The results screen will list all licenses with the same number. **Click** on the correct name listed to view the profile.

(**Note:** Some duplicative previous name results may be listed. This is an issue with the BreEZe system that will be resolved in the future.)

NOTE: If you do not see a new expiration date associated with your license, please call MBC Consumer Information Unit at 916-263-2382. A missed question on your renewal application could be holding up your renewal and this unit can assist you with correcting this problem.